

FILED NOV 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39615

BIRTH NO.		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 3076		Registrar's No. 175	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Nevada</u>		c. LENGTH OF STAY in this place <u>2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Walker</u>		<u>1080</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Manlove Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>None</u>			
3. NAME OF DECEASED (Type or Print) <u>MARTHA</u>		a. (First)		b. (Middle)		c. (Last)	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>8-22-1876</u>	
9. AGE (In years last birthday) <u>74</u>		10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mexico Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Ruben Ferguson</u>		13b. MOTHER'S MAIDEN NAME <u>Carrie Walden</u>		14. NAME OF HUSBAND OR WIFE <u>William Johnson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William Johnson</u>		ADDRESS <u>Walker Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Colon</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>152X</u>			
19a. DATE OF OPERATION <u>April 1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma growth removed + Colonostomy made</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>—</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>—</u>			
22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>40</u> , to <u>Nov 11</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Oct 6</u> , 19 <u>50</u> , and that death occurred at <u>10:30 AM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C E Kratz</u>		(Degree or title) <u>DO</u>		23b. ADDRESS <u>Nevada Mo</u>		23c. DATE SIGNED <u>11-16-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>11-16-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Line Creek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Parkville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 16, 50</u>		REGISTRAR'S SIGNATURE <u>Ruth H. Hancus</u>		331 25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen V. Hays</u>		ADDRESS <u>Nevada, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED NOV 20 1950

Dist. File 1150-2336

Date Filed 11/29/50

MS
JUN 23 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Allen V. Hays

Licensed Embalmer No. 1968

P. O. Address Nevada, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.